

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09870463

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11	/						61		
12	/						62		
13	/						63		
14	/						64		
15	/						65		
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17	/						67		
18	/						68		
19	/						69		
20							70		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2	1	1	1	1	1			
TOTAL DEP.	1	1	1	1	1	1			
TOTAL CLAIMS	13	1	1	1	1	1			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS